FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

GAMPAIGN DISCLUSURE B

2014 JUL 22 PM 2: 52

	T.C.S.C.C.			
COMMITTEE NAME (Must be same as on Statement of Organiza	ation)			
Team Bonebiake			FORM	
IMPORTANT: Indicate by # type of committee you are reporting for: 5			DR-2	DISCLOSURE
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)SI (4)County Central Committee (5)County Candidate (6)City Candidate	ate PAC (3 \State Party		Rev. 12/2009)	REPORT
Subdivision Candidate (8) County PAC (9) City PAC (10) School Boar	d or Other Political Subdivision PAC	(F	or Office Use On	ly .
11) Local Ballot Issue			omm. #9	216
CANDIDATE COMMITTEES ONLY: Candigate Name	Political Party (if applicable)			
Motthew Slan Bonebake	Political Party (if applicable)			
015 0 11	District (if Senate or House)			
_ county supervisor - District 2	District (il Senate of nouse)	^	Idited	
Late reports are subject to posethterajul and criminal panalties. Pursua	nt to Iowa Code sections 68B.32A	(7) and 68/	A 401(3) the can	didate for a
candidate's committee, and the chairperson, for any other type of committee	nittee, is the individual responsible	for filing ti	mely and accura	te reports.
Marixe	1			
1 Hatty Donelisto	(319)461-5685		7/21/1	14
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SI	GNED
7/2/14				
, ,	REPORT FOR (1) ELECTION		ELECTION YEA	AR.
(report date)	Indicate by #	‡ <u>1</u>		
CHECK IF AMENDMENT TO REPORT DATED		Local Com	nittees, enter Dat	e of Election
☐ Check if this is final (termination) report and attach Notice of Dis				
(You must continue to file reports until a DR-3 is filed.)		County & L	ocal Committees,	enter County in
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STATEMENT OF CASH ON HAND		IVIU	scatine	
STATEMENT OF CASH ON HAND		IVIU	scatine	
CASH ON HAND at the beginning of the reporting period. (Total of	f all funds held by the	IVIU	scatine	
	on hand at the end	THE ON STREET		45
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CASH ON HAND at the beginning of the reporting period. (Total of committee. This amount MUST be the same as the cash of the last reporting period or must be zero if this is first reporting Deriod or THIS PERIOD	on hand at the end eport filed.)	\$	174.	
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RECEIPTS

CHECK THIS BOX IF AMENDING FORM

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds)

SCHEDULE Reset Form MONETARY (Rev. 12/13)

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

FOR DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	DELATIONS:	-	
(MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	THE PROPERTY OF THE PROPERTY O	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	FUND- RAISER
, ,	ID#	Claude Accions	0 . 1		INCOME
5/16/14	CK# 2946	Claude Breiner 14/2 I place Kalona IA 52247	friend	\$ 100.00	
	ID#	14/2 I place Kalona IA 52247			
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			SUB-TOTAL	-	
				\$ 100.00	
		TOTAL (if last page of		\$	
committee. Relation	uires candidate committees aship must be shown to the ame of contributor is the	s to disclose the relationship of any relative making a contribution of third degree of consanguinity (blood relatives) and affinity (relatives)	4	,	

applicable" in the relationship column. (for Schedule A)

Page _ of familial relationship, FOR INSTRUCTIONS, SEE BACK OF FORM

TA ETHICS AND AMPAIGN DISCLOSUR Reset Forms

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT
STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE
CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE
PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B	MONETARY
(Rev. 07/03)	EXPENDITURES
	CK THIS BOX IF

CORRECTE					_			
COMMITTEE	NAME	(Must be	same	as	on	Statement	of	Organization)

	THE RESERVE AND PERSONS ASSESSED.			
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#	Menards	posts & zipties	
6/5/14	CK# Dabit Card	3408 Huylel North Muscatin IA 52761	posts + zip ties for campain signs	\$ 127-91
	ID#			
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	CK#			
			SUB-TOTAL	\$ 127.91
			TOTAL (if last page of this schedule)	10 1.11

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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to

Page	1	of 1	